



State of Rhode Island and Providence Plantations
Rhode Island Division of Motor Vehicles
Rhode Island Dealer's License and Regulations Office
100 Main Street, Pawtucket, RI 02860
Tel. # 462-5731/ Fax # 462-5718

Rhode Island Lease/Rental Motor Vehicle License Requirements

All of the following documents must be completed in full and submitted to this office in complete form of the application will be returned.

1. Application must be completed in full, signed by a corporate officer, partner or sole-owner and notarized.
2. Financial statement must be completed in full on our form, which must be signed by a corporate officer, partner or sole owner and certified public accountant and notarized. No applicant will be issued a leasing/rental license unless their financial statement shows a net worth of at least ten thousand (\$10,000.00) dollars. The financial statement must have been recently prepared by a certified public accountant and must be submitted with application.
3. Copy of a recently dated credit report issued to the sole-owner, each partner or the corporation president and corporate office that signed the application form. This must be attached to application for it to be considered.
4. Report from a local police enforcement agency with respect to the conviction on any charges on record for the sole-owner, each partner or the corporation president and corporate officer signing the application. This must accompany the application for it to be considered.
5. A photograph, minimum size 3" X 3", of the proposed location and a photograph of your sign permanently displayed stating the exact proposed license name. The pictures must be submitted with the application.
6. Non-refundable fee of \$101.50 for first license location and \$6.50 for each additional location in check or money order form, payable to the "Dealers' License & Regulations Office". The check must be submitted with application.
7. Insurance form GU-1338c must be filed with The Department of Financial Responsibility at the Division of Motor Vehicles, 100 Main Street, Pawtucket, RI 02860, stating the exact name to be licensed. Call 401-462-5745 with any questions. Please submit a photocopy of the form with this application.
8. You must contact the R.I. Secretary of State at 401-222-3040, or <http://www.state.ri.us> to register your company or corporation to do business in the state of Rhode Island. Please include a copy of the Certificate of Good Standing issued by the Rhode Island Secretary of State with this application.
9. Upon receipt of all of the above documentation and the completed application we will then process for approval. If you have any questions, please call the RI Dealers' License & Regulations office at: 401-462-5731.
10. Upon receiving you license number you must file with the sales tax division for a tax permit in the name listed on your license to lease vehicles in Rhode Island. You may contact the Sales Tax Registration Division at 401-574-8938.



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Official Use Only:

License Number: _____

Check # _____

Issued: _____

MOTOR VEHICLE LEASING/RENTAL LICENSE APPLICATION

LICENSE YEAR ENDING: DECEMBER 31, 20__

**REQUIRED FEES: \$101.50 ANNUALLY FOR FIRST LOCATION
\$6.50 FOR EACH ADDITIONAL LOCATION**

I, the undersigned:

Corporation Name

Doing Business as

Business Address:

Mailing Address 1:
(Lease License Renewals)

Mailing Address 2:
(Titles, Vehicle Registrations and other related information)

Telephone Number: _____ Fax Number: _____

Federal Tax Identification Number:

Hereby make application for a license to engage in the business of:

lease or rent motor vehicles

both rent/lease motor vehicles

and submit the following information in compliance with Rhode Island General Laws §31-5-33 et seq., as amended.

List addresses of each additional place of business in which the business is to be conducted.

ADDRESS: _____ TEL.NO. _____

ADDRESS: _____ TEL.NO. _____

ADDRESS: _____ TEL.NO. _____

FIRST APPLICATION FOR LEASE/RENTAL OF MOTOR VEHICLES

ADDRESS: _____ TEL.NO. _____

ADDRESS: _____ TEL.NO. _____

ADDRESS: _____ TEL.NO. _____

ADDRESS: _____ TEL.NO. _____

ADDRESS: _____ TEL.NO. _____

ADDRESS: _____ TEL.NO. _____

ADDRESS: _____ TEL.NO. _____

ADDRESS: _____ TEL.NO. _____

ADDRESS: _____ TEL.NO. _____

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ADDRESS: _____ TEL.NO. _____

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ADDRESS: _____ TEL.NO. _____

ADDRESS: _____ TEL.NO. _____

ADDRESS: _____ TEL.NO. _____

ADDRESS: _____ TEL.NO. _____

ADDRESS: _____ TEL.NO. _____

ADDRESS: _____ TEL.NO. _____

ADDRESS: _____ TEL.NO. _____

FIRST APPLICATION FOR LEASE/RENTAL OF MOTOR VEHICLES

2. List Name, Address and Title of each owner, partner, or corporate officer:

| Name | Title | Residential Address |
|------|-------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

3. List above-stated names, stating each person's date of birth and social security number:

| Name | Date of Birth | Social Security Number |
|------|---------------|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

4. If incorporated, under what state's law _____ Date Incorporated _____

5. If incorporated under the laws of another state, are you authorized to do business in the State of Rhode Island? YES _____ NO _____

You must attach a copy of your certificate of authority or certificate of good standing issued in Rhode Island by the Secretary of State if required to do business.

6. Are you an owner, partner, or corporate officer in any new and/or used motor vehicle dealership in the State of Rhode Island? YES _____ NO _____

If, YES, please state the dealership name(s) below:

DEALERSHIP NAME: _____

DEALERSHIP NAME: _____

DEALERSHIP NAME: _____

7. List prior business/employment of each owner, partner or corporate officers for the past two years:

| |
|--|
| |
| |
| |
| |
| |
| |
| |



AS OF _____ 20__

| | |
|-----------------------------|------------------------------|
| CORPORATE NAME _____ | ADDRESS _____ |
| d/b/a Name: _____ | CITY STATE _____ |
| OWNER: _____ | PRESIDENT: _____ |
| PARTNER: _____ | VICE-PRESIDENT: _____ |
| | SECRETARY: _____ |
| | TREASURER: _____ |

| ASSETS | | LIABILITIES | |
|-------------------------------------------------------------------------------|----------|-------------------------------------------------------------|----------|
| CURRENT ASSETS | AMOUNT | CURRENT LIABILITIES | AMOUNT |
| 1. CASH ON HAND | \$ _____ | 21. ACCOUNTS PAYABLE | \$ _____ |
| 2. CASH IN _____ | \$ _____ | 22. NOTES PAYABLE | \$ _____ |
| NAME OF BANK | | 23. NO. NEW CARS FLOOR-PLANNED | \$ _____ |
| 3. CASH IN _____ | \$ _____ | 24. NO. NEW TRKS&IMPL.FLOOR PLD | \$ _____ |
| NAME OF BANK | | 25. NO. DEMONSTRATORS FLOOR-PLD | \$ _____ |
| RECEIVABLES | | 26. NO. USED VEHICLES FLOOR-PLD | \$ _____ |
| 4. ACCOUNTS \$ _____ | \$ _____ | 27. CUSTOMER DEPOSITS ON MOTOR VEHICLES TO BE DELIVERED. | |
| INVENTORIES(AT COST PLUS FREIGHT) | | (NAMES TO BE FURNISHED UPON REQUEST) | |
| 5. NEW AND USED CARS AND TRUCKS (AT COST OR BOOK VALUE WHICHEVER IS LOWER) | \$ _____ | a) CASH | \$ _____ |
| 6. PARTS AND ACCESSORIES | \$ _____ | b) TRADE-IN ON OTHER MERCHANDISE | \$ _____ |
| 7. OTHER INVENTORY(DESCRIBE) | \$ _____ | 28. SOCIAL SECURITY AND UNEMPLOYMENT COMPENSATION | \$ _____ |
| 8. _____ | \$ _____ | 29. TOTAL (LINES 21-28 INCL.) | \$ _____ |
| 9. _____ | \$ _____ | MORTGAGES PAYABLE ON: | |
| 10. _____ | \$ _____ | 30. LAND AND BUILDINGS (AUTO BUSINESS) | \$ _____ |
| PREPAID EXPENSES | | 31. AUTO MACHINERY, TOOLS AND EQUIPMENT | \$ _____ |
| 11. RENT AND INSURANCE | \$ _____ | 32. OFFICE FURNITURE AND FIXTURES | \$ _____ |
| 12. OTHER PREPAID EXPENSES | \$ _____ | 33. OTHER _____ | \$ _____ |
| FIXED ASSETS | | 34. JUDGEMENT OUTSTANDING | \$ _____ |
| 13. LAND AND BUILDINGS(AUTO BUSINESS) | \$ _____ | RESERVES & CONTINGENT LIABILITIES | |
| 14. AUTO MACHINERY, TOOLS AND EQUIP. | \$ _____ | 35. LAND AND BUILDINGS (AUTO BUSINESS) | \$ _____ |
| 15. OFFICE FURNITURE AND FIXTURES | \$ _____ | 36. OTHER _____ | \$ _____ |
| OTHER ASSETS NOT LISTED ABOVE | | 37. _____ | \$ _____ |
| 16. _____ | \$ _____ | 38. TOTAL LIABILITIES (LINES 21-35..INC) | \$ _____ |
| 17. _____ | \$ _____ | CAPITAL | |
| 18. _____ | \$ _____ | 39. STOCK OUTSTANDING | \$ _____ |
| 19. _____ | \$ _____ | 40. PROPRIETOR'S INVESTMENT | \$ _____ |
| 20. TOTAL ASSETS (LINES.....INC.) | \$ _____ | 41. PARTNERS' INVESTMENTS | \$ _____ |
| | | 42. TOTAL (LINES 39-42..INC. | \$ _____ |
| | | (SHOULD EQUAL TO TOTAL ASSETS) | |

STATE OF _____)SS.
COUNTY _____)

I _____, being first duly sworn on oath, depose and say that the foregoing statement submitted in behalf of
The above named applicant and the report of consumer's deposits are true to the best of my knowledge, except those matters therein stated on
information and belief, and I believe them to be true.

Subscribed and sworn to before me this
Day _____
of _____ 20__

Signature of partner, owner or active officer

Notary Public
FORM DIR 0003 01/27/09

CPA Signature

License Number



State of Rhode Island and Providence Plantations
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TO: LOCAL CHIEF OF POLICE

Each applicant for a Rhode Island Motor Vehicle Leasing/Rental License is required to submit a report from his or her local enforcement agency with his or her application. The principal officer of a corporation and the manager or operator of the corporation must furnish a complete report from their local law enforcement agencies to the Rhode Island Motor Vehicle Dealers' License & Regulations Office with the application for Motor Vehicle Leasing/Rental License. In the case of a partnership or proprietor, each partner or proprietor shall submit a report from local law enforcement agencies.

APPLICANT'S FULL NAME: _____

RESIDENTIAL ADDRESS: _____
STREET CITY/TOWN STATE

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

NAME OF PROPOSED BUSINESS: _____

PROPOSED BUSINESS ADDRESS: _____

The Dealers' License & Regulations Office respectfully requests your cooperation in the completion of this form with respect to the conviction/status on any charges other than minor traffic violations of the above named person and or firm. If no record, please check none.

☐ Yes. Define below ☐ None

VIOLATIONS: _____

DATE: _____ SIGNED: _____
NAME OF OFFICER TITLE

PRINT NAME: _____

POLICE DEPARTMENT: _____

POLICE IDENTIFICATION
SEAL OR STAMP

PHONE NUMBER: _____

(PLEASE USE REVERSE SIDE IF ADDITIONAL SPACE IS NECESSARY)

FIRST APPLICATION FOR LEASE/RENTAL OF MOTOR VEHICLES

8. Has the applicant ever previously applied for a Motor Vehicle Dealers' License, Motor Vehicle Leasing/Rental License, or Motor Vehicle Auction Dealers' License? YES _____ NO _____
If, YES, business name, date and status of such license:

9. Has applicant ever been the holder of any such license that was suspended or revoked?
YES _____ NO _____ If yes, explain below including date of decision and reason.

(Use additional sheets if necessary and attach to application)

10. Have you ever been found guilty of a felony or a fraudulent act? YES _____ NO _____
If yes, please explain:

11. Have you attached credit reports for the company and officials as required? _____
12. Attached the local law enforcement conviction report? _____
13. Does your financial statement show a minimum net worth of ten thousand dollars (\$10,000)?
14. Have you attached your certificate issued by the Rhode Island Secretary of State showing you have registered with them as required.

If the answer to questions 11-14 is no, your application could be returned for you to complete.

I do solemnly swear (or affirm) that the statements contained in the foregoing application are true and correct and that I, as sole-owner, partner, or corporate officer have authority to sign this application and to make the statements contained herein.

BUSINESS NAME (Exactly as stated on page 1)

SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICE

STATE OF _____
COUNTY OF _____

Subscribed and sworn to before me on this _____ day of _____ 20 _____

(SEAL)

NOTARY PUBLIC

PRINT NAME

PRINT ADDRESS

DATE COMMISSION EXPIRES